

STEVENSON ATHLETIC BOOSTER CLUB
FUNDING REQUEST FORM
2023-2024



Attention Coaches/Applicants: Please complete and submit this form to the Athletic Director. The form must be dated, signed by Coach/Applicant, and supporting documents attached. Please include two competitive bids with your submission.

Date Submitted to Athletic Director: _____

Coach/Applicant Name: _____ Phone: _____

Team Sport: _____ Email: _____

Team Request: Please document in writing the following:

1. The need of the equipment requested: _____

2. The history behind this request of this equipment: _____

3. A copy of the product or detailed description of its usage must be included with this request form. Include what it is; current state of existing equipment/uniforms such as age, wear, future use; competitive cost; description; projected lifespan; number of athletes and number of items. _____

Cost Estimate: _____ Amount of Money Requested: _____
Date funds are needed by: _____
Attached product descriptions _____ YES _____ NO
How will balance of cost be funded, i.e. fundraiser, custodial acct., other? _____

FOR ATHLETIC DIRECTOR USE ONLY

Athletic Director Review: The AD must review the request with the coach/applicant and assess the need and appropriateness of the request.

Date of Review: _____

Athletic Director Signature: ***By signing the form, the AD endorses the request, both in funding amount and need assessment. It is incumbent upon the AD to only put forward requests he/she deems necessary and appropriate. The AD will then forward to Athletic Booster Board for review.***

Athletic Director Signature: _____ Date: _____

Date Submitted to Booster Club Via Email Stevensonathleticboosterclub@gmail.com _____

FOR BOOSTER CLUB USE ONLY

Date Received _____ Approval/Rejection and Date: _____

Approval/Rejection Notes and/or Further Action Needed: _____

Booster Club Ad Hoc Members: _____

Check # _____

Date Check Delivered to AD _____